

EXHIBIT “J”

Control Suf. Acct. Certificate Number Employee Name Covg. Paymt. ID
 619308 21 001 MIRIAM A BAUZA 33101100 99
 TO THE ORDER OF ▶ M A BAUZA
 6 VALENTINE ROAD
 NEWBURGH NY 12550-7202
 OUR HUNDRED SEVENTY DOLLARS AND 98/100
 PAY ▶ \$170.98
 Check Amount
 Payment Period 06/14/2006-07/04/2006
 Do Not Endorse Or Pay Before
 Date
 JULY 3, 2006

Bank of America

Aetna Life Insurance Company

Alfred P. Turk Jr.
 Authorized Official

⑈710055747⑈ ⑆011900445⑆ 000000005430⑈

er MEDIACOM

NO. 7091

52004325

51-44

119 CT

Check Number

Control Suf. Acct. Certificate Number Employee Name Covg. Paymt. ID
 19308 21 001 MIRIAM A BAUZA 30001100 99
 TO THE ORDER OF ▶ M A BAUZA
 6 VALENTINE ROAD
 NEWBURGH NY 12550-7202
 FIFTY FIVE DOLLARS AND 00/100
 PAY ▶ \$755.00
 Check Amount
 Payment Period 06/14/2006-07/04/2006
 Do Not Endorse Or Pay Before
 Date
 JULY 3, 2006

Bank of America

Aetna Life Insurance Company
 is Agent for the above Payer

Alfred P. Turk Jr.
 Authorized Official

⑈520043256⑈ ⑆011900445⑆ 000000007091⑈

EXHIBIT

DX: N
 3/19/08

000251 J147UCR 000251

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY 12550-7202



If the address for this payment is incorrect, please enter the correct address and the employee Social Security Number (SSN) in the "Payment Address" area to the right and return this stub to the designated Aetna location.

If you have any questions or wish to report any other changes, please enclose this stub with your letter or call 1-888-382-3862 for assistance.

For Aetna Use
619308210010000000000600000DB 00000025

300011002006060799 BAUZA MIRIAM A

Payment Address

Employee SSN:

ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS

Payment Information

Payment Date 07/11/06	Payment Period 07/05/2006-07/11/2006	Number 52006649
Control-Suffix-Account 619308 21 001	Certificate Number	

Type	Amount	Type	Amount
TDI BENEFIT	1445.38	FIT	164.43
FICA	106.34	PRE DENTAL	4.04
PRE MEDICAL	46.15	POST MISC	1.08
PRE VISION	5.14		
POST FSA-HLTH	4.16		

EXHIBIT

DX - 0

3/19/08

Please detach and retain this stub for your records.

HR-66580 (12-04)

DETACH ALONG THIS PERFORATED LINE

per MEDIACDM

NO. 7091

52006649 51-44
119 CT

Control	Suf. Acct.	Certificate Number	Employee Name	Check Number	Covg.	Paymt. ID
619308	21 001		MIRIAM A BAUZA	30001100	99	

Do Not Endorse Or Pay Before Date
JULY 11, 2006

THE ORDER OF M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY 12550-7202

PAY TO THE ORDER OF
THOUSAND ONE HUNDRED FOURTEEN DOLLARS AND 04/100

Check Amount
Payment Period 07/05/2006-07/11/2006

Bank of America

Aetna Life Insurance Company
is Agent for the above Payer

Authorized Official

000251 J147UCR 000251

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202



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For Aetna Use

61930821001000000000060000DB

000000251

300011002006060799 BAUZA
MIRIAM A

Payment Address

Employee SSN:

CUT ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LI

Payment Information

Payment Date 07/11/06 Payment Period 07/05/2006-07/11/2006		Number 52006649	
Control-Suffix-Account 619308 21 001		Certificate Number	

Type	Amount	Type	Amount
TDI BENEFIT	1445.38		
FICA	- 106.34	FIT	- 164.43
PRE MEDICAL	- 46.15	PRE DENTAL	- 4.04
PRE VISION	- 5.14	POST MISC	- 1.08
POST FSA-HLTH	- 4.16		

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GR-66580 (12-04)

DETACH ALONG THIS PERFORATED LINE

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202



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ter the correct address and the employee Social Security
mber (SSN) in the "Payment Address" area to the right
d return this stub to the designated Aetna location.

you have any questions or wish to report any other
anges, please enclose this stub with your letter or
11 1-888-382-3862 for assistance.

For Aetna Use

61930821001000000000060000DB

000000263

300011002006060799 BAUZA
MIRIAM

A

Payment Address

Employee SSN:

END THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LINE

ayment Information

ymment Date 07/18/06 Payment Period 07/12/2006-07/18/2006 Number 52010368

ntrol-Suffix-Account 619308 21 001 Certificate Number

Type	Amount	Type	Amount
DI BENEFIT	1445.38		
ICA	- 106.34	FIT	- 164.43
PRE MEDICAL	- 46.15	PRE DENTAL	- 4.04
PRE VISION	- 5.14	POST MISC	- 1.08
POST FSA-HLTH	- 4.16		

EXHIBIT

Dx-P
3/19/08

base detach and retain this stub for your records.

GR 66589 (12-04)

DETACH ALONG THIS PERFORATED LINE

ver MEDIACOM

NO. 7091

52010368

51-44
119 CT

Check Number

ontrol Suf. Acct. Certificate Number Employee Name Covg. Paymt. ID
119308 21 001 MIRIAM A BAUZA 30001100 99

THE ORDER OF M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY 12550-7202

Do Not Endorse Or Pay Before
Date
JULY 18, 2006

IE THOUSAND ONE HUNDRED FOURTEEN DOLLARS AND 04/100

PAY

Check Amount

Payment Period 07/12/2006-07/18/2006

Bank of America

Aetna Life Insurance Company
is Agent for the above Payer

Authorized Official

000263 J147UCR 000263

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202



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For Aetna Use

61930821001000000000060000DB

000000263

300011002006060799 BAUZA
MIRIAM

A

Payment Address

Employee SSN:

CUT ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LINE

Payment Information

Payment Date 07/18/06	Payment Period 07/12/2006-07/18/2006	Number 52010368
Control-Suffix-Account 619308 21 001	Certificate Number	

Type	Amount	Type	Amount
TDI BENEFIT	1445.38	FIT	164.43
FICA	106.34	PRE DENTAL	4.04
PRE MEDICAL	46.15	POST MISC	1.08
PRE VISION	5.14		
POST FSA-HLTH	4.16		

Please detach and retain this stub for your records.

DETACH HERE

DETACH HERE

000259 J147UCR 000259

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202



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For Aetna Use

6193082100100000000060000DB

000000259

300011002006060799 BAUZA
MIRIAM A

Payment Address

Employee SSN:

ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LINE

Payment Information

Payment Date 07/25/06 Payment Period 07/19/2006-07/25/2006 Number 52012341

Control-Suffix-Account
619308 21 001

Certificate Number

Type	Amount	Type	Amount
TDI BENEFIT	1445.38	FIT	164.43
FICA	- 106.34	PRE DENTAL	- 4.04
PRE MEDICAL	- 46.15	POST MISC	- 1.08
PRE VISION	- 5.14		
POST FSA-HLTH	- 4.16		

EXHIBIT

Dx-Q
3/19/08

Please detach and retain this stub for your records.

GR-06580 (12-04)

DETACH ALONG THIS PERFORATED LINE

Payer MEDIACOM

NO. 7091

52012341

51-44
119 CT

Check Number

Control Suf. Acct. Certificate Number Employee Name
619308 21 001 MIRIAM A BAUZA

Covg. Paymt. ID
30001100 99

Do Not Endorse Or Pay Before
Date

JULY 25, 2006

TO THE ORDER OF ▶ M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY 12550-7202

PAY ▶

52012341 JUL 25 2006

NINE THOUSAND ONE HUNDRED FOURTEEN DOLLARS AND 04/100

Check Amount

Payment Period 07/19/2006-07/25/2006

Bank of America

Aetna Life Insurance Company
as Agent for the above Payer

Alfred P. Jank Jr.
Authorized Official

000259 J147UCR 000259

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202



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For Aetna Use

61930821001000000000060000DB

000000259

300011002006060799 BAUZA
MIRIAM A

Payment Address

Employee SSN:

CUT ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LINE

Payment Information

Payment Date 07/25/06	Payment Period 07/19/2006-07/25/2006	Number 52012341
Control-Suffix-Account 619308 21 001	Certificate Number	

Type	Amount	Type	Amount
TDI BENEFIT	1445.38		
FICA	- 106.34	FIT	- 164.43
PRE MEDICAL	- 46.15	PRE DENTAL	- 4.04
PRE VISION	- 5.14	POST MISC	- 1.08
POST FSA-HLTH	- 4.16		

Please detach and retain this stub for your records.

GF-66580 (12-04)

DETACH ALONG THIS PERFORATED LINE

000298 J147UCR 000298

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202



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For Aetna Use

61930821001000000000060000DB

000000298

300011002006060799 BAUZA
MIRIAM A

Payment Address

Employee SSN:

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LINE

ALONG THIS LINE

Payment Information

Payment Date 08/01/06 Payment Period 07/26/2006-08/01/2006

Number 52014521

Control-Suffix-Account
619308 21 001

Certificate Number

Type	Amount	Type	Amount
TDI BENEFIT	1445.38	FIT	164.43
FICA	106.34	PRE DENTAL	4.04
PRE MEDICAL	46.15	POST MISC	1.08
PRE VISION	5.14		
POST FSA-HLTH	4.16		

EXHIBIT

Dx-R
3/19/08

Please detach and retain this stub for your records.

GR-66580 (12-04)

DETACH ALONG THIS PERFORATED LINE

Payer MEDIACOM

NO. 7091

52014521

51-44
119 CT

Check Number

Control Suf. Acct. Certificate Number Employee Name
619308 21 001 MIRIAM A BAUZA

Covg. Paymt.
30001100 99

Do Not Endorse Or Pay Before
Date

AUGUST 1, 2006

TO THE ORDER OF ▶ M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY 12550-7202

PAY ▶

12550-7202

Check Amount

Payment Period 07/26/2006-08/01/2006

ONE THOUSAND ONE HUNDRED FOURTEEN DOLLARS AND 04/100

Bank of America

Aetna Life Insurance Company
as Agent for the above Payer

Authorized Official

000298 J147UCR 000298

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202



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For Aetna Use

6193082100100000000060000DB

000000298

300011002006060799 BAUZA
MIRIAM A

Payment Address

Employee SSN:

CUT ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LINE

Payment Information

Payment Date 08/01/06	Payment Period 07/26/2006-08/01/2006	Number 52014521
Control-Suffix-Account 619308 21 001	Certificate Number	

Type	Amount	Type	Amount
TDI BENEFIT	1445.38		
FICA	- 106.34	FIT	- 164.43
PRE MEDICAL	- 46.15	PRE DENTAL	- 4.04
PRE VISION	- 5.14	POST MISC	- 1.08
POST FSA-HLTH	- 4.16		

Please detach and retain this stub for your records.

GR-66580 (12-04)

DETACH ALONG THIS PERFORATED LINE

000113 J147UTR 000113

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY 12550-7202



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For Aetna Use
619308210010000000000600000DB 000000113

331011002006060799 BAUZA
MIRIAM A

Payment Address

Employee SSN:

ALONG THIS LINE

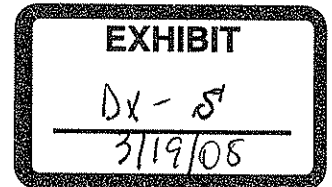
PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LINE

Payment Information

Payment Date 08/04/06	Payment Period 08/02/2006-08/06/2006	Number 71022055
Control-Suffix-Account 619308 21 001	Certificate Number	

Type	Amount	Type	Amount
NY311 BENEFIT	121.43		
FICA	9.29		



Please detach and retain this stub for your records.

GR-66580 (12-04)

DETACH ALONG THIS PERFORATED LINE

Aetna Policyholder
MEDIACOM

NO. 5430

71022055 51-44
119 CT

Check Number

Control	Suf. Acct.	Certificate Number	Employee Name	Covg.	Paymt. I
619308	21 001		MIRIAM A BAUZA	33101100	99
TO THE ORDER OF ▶ M A BAUZA 6 VALENTINE ROAD NEWBURGH NY 12550-7202					
ONE HUNDRED TWELVE DOLLARS AND 14/100				Do Not Endorse Or Pay Before Date AUGUST 4, 2006	
				PAY ▶ 1234	
				Check Amount Payment Period 08/02/2006-08/06/2006	

Bank of America
Aetna Life Insurance Company

Alfred P. Junk Jr.
Authorized Official

000113 J147UTR 000113

M A BAUZA
6 VALENTINE ROAD
NEWBURGH NY

12550-7202



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For Aetna Use

61930821001000000000600000DB

000000113

331011002006060799 BAUZA
MIRIAM A

Payment Address

Employee SSN:

CUT ALONG THIS LINE

PLEASE ENCLOSE THIS STUB WITH ANY CORRESPONDENCE

CUT ALONG THIS LINE

Payment Information

Payment Date 08/04/06 Payment Period 08/02/2006-08/06/2006		Number 71022055	
Control-Suffix-Account 619308 21 001		Certificate Number	
Type	Amount	Type	Amount
NY311 BENEFIT	121.43		
FICA	9.29		

Please detach and retain this stub for your records.

GR-66580 (12-04)

DETACH ALONG THIS PERFORATED LINE